over adrenalin for certain purposes. In the last two years it has come into very generous use, particularly among rhinologists, and among internists paying special attention to asthma.

Ephedrin has a pharmacologic action much like that of adrenalin, but its effects last longer. It is more stable, and acts well when given by the mouth. It has a low toxicity. It shows active effects on the circulation, on secretion and on smooth muscle. It seemingly has no habit-forming tendency; and only a few distressing effects such as occasional tremor, weakness and nervousness have been observed.

It is especially valuable in bronchial asthma and of good use in certain congestions of the nasal membrane such as hay fever. Although it raises the blood pressure, its real clinical value in hypotension has not yet been agreed upon.

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The rediscovery of this drug known for centuries in the written records of the Chinese, and the recent reisolation of its alkaloid, ephedrin, which was originally isolated prior to adrenalin, and the tardiness in the recognition of its worth, shows how necessary it is to be on the alert for valuable agents and adjuncts in our therapy, even in this day when exploitation of new remedies is so general. We must acknowledge that a drug like ephedrin, antedating adrenalin and in many ways very similar in valuable action, seemed hardly to need the period from its original isolation in 1886 to its reisolation in 1924, to make Western medical men appreciate its worth. Chinese who appreciate how prone Westerners are to look upon the Chinese as one of the so-called backward peoples have seemingly in this instance, an opportunity to quietly smile in their sleeves at Western backwardness.

HONOR TO ALUMNI

Vanderbilt Hall, the new dormitory for the students of the Harvard Medical School was dedicated last month. The memory of former students whose names are known throughout the medical world is there perpetuated. The student room is named for Charles Best, co-discoverer of insulin with Banting; the dining hall for Bowditch; the living room for Mixter; and over forty of the students' suites for other illustrious alumni.

Thus the names will live. If to this could be added a memorial day when talks were given on the men so honored, perpetuation of the real personality would be effected. Surprising it is how few generations are necessary totally to erase the picture of one who was an inspiration to his own generation, beloved by his students, honored by his fellow practitioners, and the idol of his clientele.

If at every alumni meeting the life of a former colleague were read, the historical archives of the Association would shortly be complete. How much better such effort than the usual prophetic and inane forecasting of the graduation class' future.

California has a Lane and a Barlow Library; she had a Toland Hall, but how few so honored compared with the many forgotten. Is it not time we followed the Harvard custom of immortalizing names?

The Best Method of Vaccination—The best method of vaccination is probably the "multiple pressure or prick" method. This consists of a shallow, tangential pricking of the cleansed, but not irritated, skin with a needle, through a drop of smallpox vaccine, covering an area not greater than one-eighth of an inch (3 millimeters) in diameter. This gives little chance of accidental infection and the eruption is typical. Acetone has been found satisfactory for cleansing the skin. It is somewhat more efficacious and rapidly drying than alcohol. The needle, which should be new, sharp, and sterile, is not thrust into the skin, but is held quite parallel or tangential to it, with the forefinger and middle finger of the right hand above the needle and the thumb below, the needle pointing to the operator's left. The needle should be crosswise of the arm so that the thumb of the operator is not impeded by hitting the skin. The side of the needle point is then pressed firmly and rapidly into the drop about thirty times within five seconds, the needle being lifted clear of the skin each time. This rapid to and fro motion of lifting the needle and pressing it against the skin should be quite perpendicular to the skin and needle, and not in the direction of the needle. In this way the elasticity of the skin will pull a fraction of an inch of the epidermis over the point of the needle at each pressure so that the vaccine is carried into the deeper epithelium (cuboidal prickle-cell layer), where multiplication takes place most easily. If the skin has not been unduly rubbed in cleansing, and if the motion is entirely perpendicular to the needle, no signs of bleeding will occur and all evidence of the punctures will fade out in less than six hours. Immediately after the punctures have been made the remaining vaccine is wiped off the skin with sterile gauze and the sleeve pulled down, the whole operation of puncturing and wiping taking less than ten seconds. With strong vaccine a single pressure not infrequently gives a "take." Only six pricks or punctures were formerly advocated. Comparative tests showed this to be inferior to the scratch method of percentage of "takes." By the use of thirty pricks this difficulty has been overcome, and the percentage of "takes" is as high as with any other safe method. For primary vaccinations, where the mildest possible "take" is desired, and where other attempts with highly potent vaccine will be made promptly if the first is unsuccessful, the number of "pricks" may be reduced to ten, or even to one.

The disadvantages of this method, which it shares with some other methods, are, first, that without demonstration and practice the technique of applying the proper pressure may not easily be acquired, and second, that without due care an area larger than one-eighth of an inch (3 millimeters) in diameter may be covered by the insertion. In regard to the first point, the difficulty is usually that the needle is not pressed in the right direction or that the pressure is not firm enough. Provided the needle is held quite tangential to the curve of the arm, and the direction of motion is quite perpendicular to the needle, it is difficult to make the rapid pressures too firmly. In regard to the second point, motion from the wrist with the arm held rigid is usually more accurate than whole-arm motion.

The advantages of this method are its mildness and painlessness, the fact that it is more rapid than any other effectual and safe method, the fact that no control site is necessary, since the evidence of trauma due to the operation has disappeared before the first observation for an early reaction is made, and the fact that the vaccine is wiped off immediately, so that the uselessness of a dressing is obvious to the person vaccinated.—*Ohio Health News.*